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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	4622-122 US
	First Named Inventor	Ladouceur, Dave
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	July 20, 2001
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Integrated Management of Medical Information

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)		Filing Date (MM/DD/YYYY)		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/219,484	60/219,739	July 20, 2000	July 20, 2000	
60/219,523	60/219,744	July 20, 2000	July 20, 2000	
60/219,535	60/219,873	July 20, 2000	July 20, 2000	
60/219,572		July 20, 2000	July 20, 2000	

[Page 1 of 4]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label  OR ☒ Correspondence address below

Name	David P. Krivoshik		
Address	Mathews, Collins, Shepherd & Gould, P.A. PATENT TRADEMARK OFFICE		
Address	100 Thanet Circle, Suite 306		
City Princeton	State NJ	ZIP 08540	
Country US	Telephone 609-924-8555	Fax 609-924-3036	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name Dave	Family Name or Surname Ladouceur
---------------------------	--

Inventor's Signature	Date
Residence: City Boulder	State CO
Country United States	Citizenship US

Mailing Address 4584 Robinson Place

City Boulder	State CO	ZIP 80301	Country United States
------------------------	--------------------	---------------------	---------------------------------

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name Scott	Family Name or Surname Schorer
----------------------------	--

Inventor's Signature	Date
Residence: City Niwot	State CO
Country United States	Citizenship US

Mailing Address 7105 Quiet Retreat

City Niwot	State CO	ZIP 80503	Country United States
----------------------	--------------------	---------------------	---------------------------------

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>4</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Gregg		Lauer					
Inventor's Signature		Date					
Residence: City	Boulder	State	CO	Country	United States	Citizenship	US
Mailing Address		2885 Lagrange Circle					
Mailing Address							
City	Boulder	State	CO	ZIP	80303	Country	United States
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Todd		Hoven					
Inventor's Signature		Date					
Residence: City	Ft. Collins	State	CO	Country	United States	Citizenship	United States
Mailing Address		1509 Elm Street					
Mailing Address							
City	Ft. Collins	State	CO	Zip	80521	Country	United States
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Bruce		Bacon					
Inventor's Signature		Date					
Residence: City	Littleton	State	CO	Country	United States	Citizenship	US
Mailing Address		9623 Sagebrush Trail					
Mailing Address							
City	Littleton	State	CO	Zip	80124	Country	United States

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Mike		Shell	
Inventor's Signature		Date	
Residence: City	Boulderq	State	CO
		Country	United States
Citizenship		US	
Mailing Address 46 Anemone Lane			
Mailing Address			
City	Boulder	State	CO
		ZIP	80302
Country		United States	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Citizenship			
Mailing Address			
Mailing Address			
City		State	
		Zip	
Country			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Citizenship			
Mailing Address			
Mailing Address			
City		State	
		Zip	
Country			

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FORM 03-00000

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	Herewith
	Filing Date	July 20, 2001
	First Named Inventor	Ladouceur, Dave
	Group Art Unit	TBA
	Examiner Name	TBA
	Attorney Docket Number	4622-122 US

I hereby appoint:

☒ Practitioners at Customer Number **OR**☒ Practitioner(s) named below:Place Customer
Number Bar Code
Label here

Name	Registration Number
David P. Krivoshik	39,258

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	David P. Krivoshik			
Address	Mathews, Collins, Shpherd & Gould P.A.			
Address	100 Thanet Circle, Suite 306			
City	Princeton	State	NJ	ZIP 08540
Country	United States			
Telephone	609-924-8555	Fax	609-924-3036	

I am the:

☒ Applicant.☐ Assignee of record of the entire interest. See 37 CFR 3.71.*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).***SIGNATURE of Applicant or Assignee of Record**

Name	Gregg Lauer
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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	Attorney Docket Number	4622-122 US

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City	Princeton	State	NJ	ZIP	08540
Country	United States				
Telephone	609-924-8555	Fax	609-924-3036		

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Name	Dave Ladouceur
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.☐ *Total of _____ forms are submitted.

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Name	Scott Schorer
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

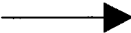
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Name	Todd Hoven
Signature	
Date	

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☐ *Total of forms are submitted.

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FORM 201 PTO/SB/81

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	Herewith
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	First Named Inventor	Ladouceur, Dave
	Group Art Unit	TBA
	Examiner Name	TBA
	Attorney Docket Number	4622-122 US

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Telephone	609-924-8555	Fax	609-924-3036	

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☒ Applicant.☐ Assignee of record of the entire interest. See 37 CFR 3.71.*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).***SIGNATURE of Applicant or Assignee of Record**

Name	Bruce Bacon
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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	Attorney Docket Number	4622-122 US

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☒ Practitioners at Customer Number →**OR**☒ Practitioner(s) named below:

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Label here*

Name	Registration Number
David P. Krivoshik	39,258

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Address	100 Thanet Circle, Suite 306				
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Country	United States				
Telephone	609-924-8555	Fax	609-924-3036		

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Name	Mike Shell
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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A S S I G N M E N T

WHEREAS, **Dave Ladouceur, Scott Schorer, Gregg Lauer, Todd Hoven, Bruce Bacon and Mike Shell** as assignors have invented certain improvements in **Integrated Management of Medical Information** for which an application being filed, and whereas **Global Healthcare Exchange, LLC, 10385 Westmoor Drive, Suite 100, Westminster, Colorado, 80021** as assignee, is desirous of acquiring all right, title and interest in and to said invention and any Letters Patent that may be granted therefore.

NOW, THEREFORE, in consideration of One Dollar(s) (\$1.00) and other good and valuable consideration, the receipt of which is hereby acknowledged. I, as assignor hereby sell, assign and set over to said assignee the entire right, title and interest for the United States and all other countries in and to said invention and the aforesaid application for a Letters Patent, all original, divisional, continuation, substitute or reissue applications and patents applied for or granted therefore in the United States and all countries foreign, and the Commissioner of Patents is hereby authorized and requested to issue all patents on said improvements or resulting therefrom to said assignee herein, as assignee of the entire interest therein; and the undersigned for them and their legal representatives, heirs and assigns do hereby agree and covenant without further remuneration, to execute and deliver all divisional, continuation, reissue and other applications for Letters Patent on said improvements and all assignments thereof to said assignee or its assigns, to communicate to said assignee or its representative all facts known to the undersigned respecting said improvements, whenever requested, to testify in any interferences or other legal proceedings in which any of said applications or patents may become involved, to sign all lawful papers, make all rightful oaths, and to do generally everything necessary to aid assignee, its successors, assigns and nominees to obtain patent protection for said improvements in all countries, the expenses incident to said applications to be borne and paid by said assignee.

Assignor: Dave Ladouceur

State of _____) ss:

County of _____)

On this _____ day of _____, 2001, before me personally came Dave Ladouceur, to me known to be the individual described in and who executed the foregoing instrument, and acknowledged execution of the same.

Notary Public

Assignor: Scott Schorer

State of _____) ss:

County of _____)

On this _____ day of _____, 2001, before me personally came Scott Schorer, to me known to be the individual described in and who executed the foregoing instrument, and acknowledged execution of the same.

Notary Public

Assignor: Gregg Lauer

State of _____) ss:

County of _____)

On this _____ day of _____, 2001, before me personally came Gregg Lauer, to me known to be the individual described in and who executed the foregoing instrument, and acknowledged execution of the same.

Notary Public

Assignor: Todd Hoven

State of _____) ss:

County of _____)

On this _____ day of _____, 2001, before me personally came Todd Hoven, to me known to be the individual described in and who executed the foregoing instrument, and acknowledged execution of the same.

Notary Public

100320 00550660

Assignor: Bruce Bacon

State of _____) ss:

County of _____)

On this _____ day of _____, 2001, before me personally came Bruce Bacon, to me known to be the individual described in and who executed the foregoing instrument, and acknowledged execution of the same.

Notary Public

Assignor: Mike Shell

State of _____) ss:

County of _____)

On this _____ day of _____, 2001, before me personally came Mike Shell, to me known to be the individual described in and who executed the foregoing instrument, and acknowledged execution of the same.

Notary Public